**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 790.00**Complete if Known**

Application Number	10/783,207
Filing Date	02/20/2004
First Named Inventor	Surjaatmadja, et al.
Examiner Name	Bibi Sharidan Carrillo
Art Unit	1764
Attorney Docket No.	2003-IP-012367U1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 08-0300 Deposit Account Name: Halliburton

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

_____ _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE**Fees Paid (\$)**

790.00

SUBMITTED BY

Signature	<u>Robert A. Kent</u>	Registration No. (Attorney/Agent) 28,626	Telephone 580-251-3125
Name (Print/Type)	Robert A. Kent	Date	<u>5-8-2006</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



05-10-06

\$RCE/17w

Application Serial No. 10/783,207
Attorney Docket No. HES 2003-IP-012367U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
SURJAATMADJA ET AL.

Serial No.: **10/783,207**

Filed: **FEBRUARY 20, 2004**

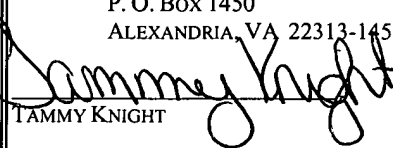
Title: **"METHODS OF CUTTING AND
CLEANING USING JETTED
FLUIDS"**

§
§ Group Art Unit: **1764**
§
§
§ Examiner: **BIBI SHARIDAN CARRILLO**
§
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§ Atty. Docket No: **HES 2003-IP-012367U1**
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MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Va 22313-1450

CERTIFICATE OF MAILING VIA EXPRESS MAIL	
ATTY. DOCKET NO.:	HES 2003-IP-012367U1
SERIAL NO.:	10/783,207
GROUP ART UNIT:	1764
EXAMINER:	BIBI SHARIDAN CARRILLO
PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE INFORMATION AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE WILL BE DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL, POST OFFICE TO ADDRESSEE, ON THE DATE INDICATED BELOW, AND IS ADDRESSED TO:	
MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P. O. BOX 1450 ALEXANDRIA, VA 22313-1450.	
 TAMMY KNIGHT	5/9/06 DATE

**AMENDMENT AND RESPONSE AND
REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER 37 C.F.R. §1.114**

Sir:

Applicants hereby request continued examination, in accordance with 37 C.F.R. § 1.114, for the above-identified application.

This request is being submitted before: (i) the abandonment of this application; (ii) payment of the issue fee; (iii) the filing of a notice of appeal to the U.S. Court of Appeals for

the Federal Circuit; or (iv) the commencement of a civil action under 35 U.S.C. § 145 or 35 U.S.C. §146.

In response to the Final Office Action mailed on February 9, 2006 (the “Final Office Action”), and the Advisory Action mailed April 19, 2006 (the “Advisory Action”), Applicants respectfully request reconsideration of the rejections set forth in the Final Office Action in light of the amendments and remarks below.

Applicants submit the following:

- **Amendments to the Claims**, which are reflected in the listing of claims that begins on page 3 of this paper; and
- **Remarks/Arguments**, which begin on page 7 of this paper.